

Village Code _____  PIN # _____		<div>VILLAGE OF WESTON</div> <div>UNIFORM BUILDING PERMIT APPLICATION</div> <div>(Used for New Commercial &amp; Multi-Family Residential and Residential &amp; Commercial Additions/Remodels)</div>				Application No. _____  Parcel No. _____			
PERMIT REQUESTED		<input type="checkbox"/> Const. <input type="checkbox"/> HVAC <input type="checkbox"/> Elect. <input type="checkbox"/> Plumb. <input type="checkbox"/> Erosion Ctrl. Other: _____							
Owner's Name _____			Mailing Address _____			Tel. _____			
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			Lic/Cert# _____		Mailing Address _____		Tel. _____ FAX _____		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plbg			Lic/Cert# _____		Mailing Address _____		Tel. _____ FAX _____		
Contractor's Name: <input type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			Lic/Cert# _____		Mailing Address _____		Tel. _____ FAX _____		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg			Lic/Cert# _____		Mailing Address _____		Tel. _____ FAX _____		
PROJECT LOCATION		Lot area _____ Sq. ft.		_____ ¼, _____ ¼, of Section _____, T _____ N, R _____ E (or) W					
Building Address _____			Subdivision Name _____			Lot No. _____ Block No. _____			
Zoning District(s) _____		Zoning Permit No. _____		Setbacks: _____		Front _____ ft.	Rear _____ ft.		
						Left _____ ft.	Right _____ ft.		
1. PROJECT		3. OCCUPANCY		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____		Fuel _____ NatGas _____ LP _____ Oil _____ Elec _____ Solid _____ Solar _____ SpaceHtg _____ WaterHtg _____ <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	
2. AREA INVOLVED		4. CONST. TYPE		7. FOUNDATION		10. SEWER		13. HEAT LOSS	
Unfin. _____ Sq Ft Bsmt _____ Sq Ft  Living Area _____ Sq Ft  Garage _____ Sq Ft  Deck _____ Sq Ft		<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> US HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No.: _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Wischeck report)	
		5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST	
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		\$ _____	
<p>I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.</p>									
APPLICANT'S SIGNATURE _____					DATE SIGNED _____				
APPROVAL CONDITIONS		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.							
A LICENSED ELECTRICIAN MUST DO ALL ELECTRICAL WORK.									
Water & sewer lines must be installed before foundation footing is placed. Fill under footing must be mechanically compacted.									
ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: _____ <div>WESTON</div>				Municipality Number of Dwelling Location <div>37 – 192</div>			
FEES:		PERMIT(S) ISSUED				PERMIT ISSUED BY:			
Plan Review \$ _____ Inspection \$ _____ Other: \$ _____  Total \$ _____		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion _____				Name: _____ Shaun Scott Tatro  Date: _____ Tel. (715) 241-2620  Cert No.: _____ 170565			
Distribution: <input type="checkbox"/> Ply 1 – Building File <input type="checkbox"/> Ply 2 – Assessor <input type="checkbox"/> Ply 3 – Applicant									

# VILLAGE OF WESTON ELECTRICAL PERMIT APPLICATION

## INDUSTRIAL, COMMERCIAL & MULTIFAMILY

DATE OF APPLICATION	PERMIT NUMBER
CONTRACTOR	PHONE NO.
ADDRESS	
BUSINESS NAME	SITE ADDRESS
PROPERTY OWNER	PHONE NO.
ADDRESS	

### PERMIT FEE CALCULATIONS

	AREA SQ. FT.	TIMES	AMOUNT
NEW CONSTRUCTION OF APARTMENTS, ROW HOUSING, OR MULTIFAMILY DWELLINGS (THREE FAMILY AND OVER) (or remodeling & additions thereto)		\$ .08/SQ. FT.	
NEW CONSTRUCTION OF LOCAL BUSINESS, INSTITUTIONAL, OR OFFICE BUILDINGS (or additions, remodeling & build-outs)		\$ .09/SQ. FT.	
NEW CONSTRUCTION OF MANUFACTURING AND INDUSTRIAL BUILDINGS (or additions, remodeling & build-outs)		\$ .06/SQ. FT.	
NEW CONSTRUCTION OF WAREHOUSES (or additions, remodeling & build-outs)		\$ .05/SQ. FT.	
NEW CONSTRUCTION OR ADDITIONS TO STORAGE UNITS & BUILDING SHELLS		\$ .04/SQ. FT.	
			AMOUNT
MINIMUM ELECTRICAL PERMIT FEE \$60.00 (if calculated amount is less than \$60.00)			
			AMOUNT
SPECIAL INSPECTION OTHER THAN LISTED	\$65.00/ HOUR		
RE-INSPECTION FEE	\$65.00		

### ELECTRICAL SERVICES NEW AND UPGRADE

CHECK ONE	
<b>COMMERCIAL SERVICE WITH ONE METER</b> 100-200 AMPS, SINGLE METER \$45.00 <span style="border-bottom: 1px solid black;"></span>  400 AMPS, SINGLE METER \$60.00 <span style="border-bottom: 1px solid black;"></span>  600 AMPS, SINGLE METER \$80.00 <span style="border-bottom: 1px solid black;"></span>  800 AMPS, SINGLE METER \$100.00 <span style="border-bottom: 1px solid black;"></span>  1000 AMPS & LARGER , SINGLE METER \$125.00 <span style="border-bottom: 1px solid black;"></span>	MULTIPLE METERING, SIZE OF SERVICE WITH ONE METER(FEE) + \$6.00 TIMES NUMBER OF ADDITIONAL METERS  # OF ADDITIONAL METERS <span style="border-bottom: 1px solid black;"></span> X \$9.00 <span style="border-bottom: 1px solid black;"></span> ADDITIONAL METER FEE
<b>LABELING SCHEME FOR MULTIPLE METERING</b>	
VOLTAGE <span style="border-bottom: 1px solid black;"></span> PHASE <span style="border-bottom: 1px solid black;"></span>	
SINGLE METER SERVICE <span style="border-bottom: 1px solid black;"></span> + ADDITIONAL METER FEE <span style="border-bottom: 1px solid black;"></span> AMOUNT FOR SERVICE <span style="border-bottom: 1px solid black;"></span>	

**Permit fee calculation + Electrical service fee = TOTAL OF FEES \$**

**ELECTRIC SERVICE PATH (CHECK ONE)** UNDERGROUND  OVERHEAD  OVERHEAD TO OVERHEAD

OVERHEAD TO UNDERGROUND  UNDERGROUND TO UNDERGROUND

IF NEW ELECTRICAL SERVICE INCLUDE WISCONSIN PUBLIC SERVICE WR#   
 (this number is needed for inspection of the service!)

**FAILURE TO OBTAIN PERMIT PRIOR TO COMMENCEMENT OF WORK FEES DOUBLE.**

REVISED 5/2015

Village of Weston 5500 Schofield Ave. Weston, WI 54476		<h1>HVAC Permit Application</h1> <p>Commercial &amp; Multifamily New Building &amp; Alterations</p>				Application No.  Parcel No.	
PERMIT REQUESTED		<input checked="" type="checkbox"/> HVAC Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION					
Owner's Name		Mailing Address				Tel.	
Construction Contractor's Name:		Lic/Cert#	Mailing Address			Tel.	
						FAX	
Heating & Air Conditioning Contractor's Name:		Lic/Cert#	Mailing Address			Tel.	
						FAX	
PROJECT LOCATION	Lot area	Sq. ft.	____ ¼, ____ ¼, of Section , T N, R E (or) W				
Building Address		Subdivision Name			Lot No.	Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right	
			ft.	ft.	ft.	ft.	

**New & Remodel Commercial & Multifamily (3 or more units) Buildings:**

Square feet \_\_\_\_\_ Times \$.04 \_\_\_\_\_

Minimum permit fee \$60.00 \_\_\_\_\_

**Replacement of Commercial & Multifamily Mechanical Equipment**

☐ Furnace ☐ Boiler ☐ Roof Top Unit ☐ Fireplace ☐ Air Conditioner ☐ Other: \_\_\_\_\_

Replacement of 1 to 3 units \$30.00 per unit.

Replacement of more than 3 units \$20.00 per unit.

Calculation: number of units being replaced \_\_\_\_\_ Times fee from above \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

**FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUEANCE OF PERMIT!**

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**APPROVAL CONDITIONS** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. ☐ See attached for conditions of approval.

Cost of Project: \_\_\_\_\_

ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:		Municipality Number of Dwelling Location <b>37 - 192</b>	
WESTON					
FEES:		PERMIT(S) ISSUED		PERMIT ISSUED BY:	
Plan Review \$ _____		<input type="checkbox"/> Construction		Name: Shaun Scott Tatro	
Inspection \$ _____		<input checked="" type="checkbox"/> HVAC		Date: _____ Tel.: (715) 241-2620	
Other: \$ _____		<input type="checkbox"/> Electrical		Cert No.: 170565	
		<input type="checkbox"/> Plumbing			
		<input type="checkbox"/> Erosion			
Total \$ _____					



Village of Weston 5500 Schofield Ave. Weston, WI 54476		<b>Plumbing Permit Application</b> Commercial & Multifamily New Building & Alterations				Application No.	
						Parcel No.	
<b>PERMIT REQUESTED</b>		<input checked="" type="checkbox"/> Plumbing. Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION					
Owner's Name		Mailing Address				Tel.	
Construction Contractor's Name:		Lic/Cert#	Mailing Address			Tel.	
						FAX	
Plumbing Contractor's Name:		Lic/Cert#	Mailing Address			Tel.	
						FAX	
<b>PROJECT LOCATION</b>	Lot area	Sq. ft.	_____ ¼, _____ ¼, of Section	,T	N,R	E (or) W	
Building Address		Subdivision Name			Lot No.	Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right	
			ft.	ft.	ft.	ft.	

Commercial Building Number of plumbing Fixtures \_\_\_\_\_ Times \$6.00 \_\_\_\_\_

Multifamily (3 or more units) Number of units \_\_\_\_\_ Times \$30.00 \_\_\_\_\_

Minimum permit fee \$60.00 / Maximum \$3,000 \_\_\_\_\_

**Plumbing fixtures are:** Automatic Washer, Sink, Dishwasher, Water Closet, Shower, Lavatory, Laundry Tub, Mop Sink, Urinal, Bath Tub, Drinking Fountain, Water Heater, Sump & Sewerage Pumps.

**FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUEANCE OF PERMIT!**

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

<b>APPLICANT'S SIGNATURE</b> _____	<b>DATE SIGNED</b> _____
<b>APPROVAL CONDITIONS</b>	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.

Water & sewer lines must be installed before foundation footing is placed. Fill under footing must be mechanically compacted.

Cost of Project: \_\_\_\_\_

<b>ISSUING JURISDICTION</b>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:		Municipality Number of Dwelling Location <b>37-192</b>	
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>PERMIT ISSUED BY:</b>	
Plan Review	\$ _____	<input type="checkbox"/> Construction		Name: <u>Shaun Scott Tatro</u>	
Inspection	\$ _____	<input type="checkbox"/> HVAC		Date: _____ Tel. (715) 241-2620	
Other:	\$ _____	<input type="checkbox"/> Electrical		Cert No.: <u>170565</u>	
		<input checked="" type="checkbox"/> Plumbing			
		<input type="checkbox"/> Erosion			
Total	\$ _____				

**Fixture count work sheet**

Automatic Washers	_____
Sinks	_____
Dishwashers	_____
Water Closets	_____
Showers	_____
Lavatories	_____
Laundry Tubs	_____
Mop Sinks	_____
Urinals	_____
Bath Tubs	_____
Drinking Fountains	_____
Water Heaters	_____
Sump Pumps	_____
Sewerage Pumps	_____
 Total Fixtures	 _____

# Refuse and Recycling Site Application

Village of Weston

Date: \_\_\_\_\_



5500 Schofield Avenue  
Weston, WI 54476  
(715) 359-6114

**-- ALL FIELDS MUST BE FILLED OUT TO BE PROCESSED PLEASE PRINT LEGIBLY --**

## Applicant Information:

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Owner Information:

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Property Information:

Subdivision/Name of complex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Square Feet \_\_\_\_\_ Acres

**Provisions for both refuse and recycling services are required. Please make contact with a potential hauler for a recommendation on sufficient refuse and recycling service for your property needs.**

## Proposed Hauler (see attached list)

Business Name of Proposed Hauler: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Recommended Dumpster Quantity/Size/Type:

Quantity: \_\_\_\_\_ Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. x \_\_\_\_\_ ft.  
Quantity: \_\_\_\_\_ Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. x \_\_\_\_\_ ft.  
Quantity: \_\_\_\_\_ Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. x \_\_\_\_\_ ft.  
Number of Recycling Carts \_\_\_\_\_ Number of Refuse Carts \_\_\_\_\_

## Check applicable box

Refuse ☐ Recycle ☐  
Refuse ☐ Recycle ☐  
Refuse ☐ Recycle ☐

Per Sec. 66.113, of the Solid Waste Ordinance, all refuse and recycling containers shall be placed and maintained within a 3-sided enclosure and enclosed on the 4<sup>th</sup> side with a gate to contain refuse and recycling materials.

The enclosure shall be a minimum of 30-feet wide by 10-feet tall, with a height ranging from 6-feet to 8-feet, and shall be at least 10-feet from any structure.

However, applicant can apply for a special exception to this enclosure size requirement through the approval of **both** the Hauler and Planning and Development Department.

Special exception to enclosure size requested: Yes \_\_\_ No \_\_\_

## Proposed Enclosure Size:

Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

**Materials Used:**

Description of Materials used (please also show on site plan):

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Location is included in the Property Site Plan with all Setbacks Shown: Yes \_\_\_\_ No \_\_\_\_

-If no, please include a separate plan to show location with setbacks, in relation to buildings, parking lots, driveways, etc.

Special Arrangements Made With Hauler:

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Haulers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planning and Development Department approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**List of Potential Haulers**

Advanced Disposal Services

5509 Fuller Street

Weston WI 54476

715-359-6637

Harters Fox Valley Disposal

W17620 CTH Q

Wittenberg WI 54499

715-253-2619

Inland Services

2250 Crooks Avenue

Kaukauna WI 54130

956-943-4556

Eagle Waste & Recycling

604 Jack Frost Street

Eagle River WI 54521

715-477-0077

Industrial Recyclers of WI

1040 Indianhead Drive

Mosinee WI 54455

715-693-7123

Waste Management Inc.

1372 State Highway 34

Mosinee WI 54455

866-623-3804-x33

Express Disposal

N14985 Tieman Drive

Thorp WI 54771

715-669-7424

This is a partial listing provided by Marathon County Solid Waste. For a complete list of licensed Waste and Recycling Haulers in Wisconsin, please visit the WIDNR's website: <http://dnr.wi.gov/topic/waste/licenses.html>

**Sec. 66.115. Exterior Storage Standards for Multiple-Family Dwellings and Non-Residential Facilities and Properties.**

(a) All exterior storage of recyclable and non-recyclable containers, within multiple-family dwellings and non-residential facilities and properties, shall be placed and maintained within a three-sided enclosure and enclosed on the fourth side with a gate to contain garbage, refuse, waste, recycling and other debris. The enclosure shall further meet all of the following requirements:

- (1) Subject to accessory structure regulations, per Section 94.174 of the Village Zoning Code.
- (2) Must be at least 10 feet from any combustible walls, openings, or combustible roof eave lines, as per NFPA 1 (most recent addition).
- (3) Not placed in any minimum required front or street side yard.
- (4) Must be placed to the interior side or rear of the principal structure, unless such a location is not possible in the determination of the Zoning Administrator.
- (5) Must be a minimum of 30-feet long by 10-feet wide.
- (6) Must be 8-feet tall.
- (7) Must be placed on a permanent paved or concrete surface.
- (8) The recyclable and non-recyclable containers shall be fully screened and not visible from public rights-of-way and adjacent properties from the ground level; the screening shall consist of a solid fence constructed of masonry, commercial grade wood fencing, or other commercial grade material approved by the Planning and Development Department. Chain link fences and gates with slats are not permitted for this purpose.
- (9) This fence shall be constructed in such a manner so as to prevent paper, debris, and other refuse material from being blown through the fence.
- (10) The Village's Refuse and Recycling Site Application must be submitted and approved by the Village prior to installation. The owner shall provide proof to the Village, from the owner's contracted solid waste/recycling hauler, that the design provides safe and reasonable access to the hauler to provide the contracted service.

(b) The owners of a multi-family dwelling and/or non-residential facilities and properties shall be responsible for full compliance with the requirements of this Ordinance.

(c) The owner or designated agent may apply for a special exception from the Village's Planning and Development Department regarding the minimum size of the enclosure, and may apply for a special exception on the location, shape, and style of enclosure used. The Village may grant a special exception if the applicant clearly shows that the ordinance requirement creates an unnecessary hardship and granting the special exception will not harm the public interest or undermine the purpose of this ordinance.

(d) The exterior storage of non-recyclable and recyclable material, and associated containers, and enclosures, which are not in compliance with this subsection as of *October 24, 2014*, shall have one year from such date to comply.

(Ord. of 3-20-2014; Ord. of 10-24-2014)



# Occupancy Certificate

Application

Village of Weston/ETZ

Date: \_\_\_\_\_

Occupancy No. : \_\_\_\_\_



5500 Schofield Ave  
Weston, WI 54476

**FULL COMPLETION OF THIS FORM IS REQUIRED FOR PROCESSING**

**Business Name:** \_\_\_\_\_ **Zoning Permit No.:** \_\_\_\_\_

## OCCUPANCY INSPECTION FEES

<input type="checkbox"/> Building and Safety Inspection (2 included)	<b>\$50.00 FEE</b>	[43/4341]
<input type="checkbox"/> Building and Safety Re-inspection	<b>\$50.00 FEE</b>	[43/4341]

## EXPLANATION OF THE CERTIFICATION PROCESS

No building or addition hereafter constructed or structurally altered shall be used for any purpose, and no addition to a previously existing building shall be occupied, no land used (except land used for garden or public recreation purposes and land without buildings or structures), and no change in a use shall occur until a Certificate of Occupancy has been issued by the Zoning Administrator. Every Certificate of Occupancy shall state that the use of occupancy complies with all of the provisions of Chapter 94 of the Municipal Code.

## REQUIRED CONTACT AND EMERGENCY INFORMATION

Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_  
**Emergency Contact 2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_  
**Emergency Contact 3:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

Is the Business Equipped with an Alarm? ☐ Yes ☐ No Audible Alarm? ☐ Yes ☐ No  
Alarm Type: \_\_\_\_\_ Monitored by: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Burglar: ☐ Yes ☐ No \_\_\_\_\_  
Fire: ☐ Yes ☐ No \_\_\_\_\_  
Other: ☐ Yes ☐ No \_\_\_\_\_  
Surveillance: ☐ Yes ☐ No ☐ Indoor ☐ Outdoor

What type of Fire Suppression System? \_\_\_\_\_  
Location of Fire Suppression Controls: \_\_\_\_\_

Is the Suppression System on an exterior alarm or via an alarm co.? \_\_\_\_\_  
S.A.F.E.R. provides a *Knoxbox* Program, which would allow emergency entrance to the building by authorized emergency personnel via a key you provide located in the *Knoxbox* at the front entrance. Would you like someone from the fire department to contact you concerning this program? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

## REQUIREMENTS AND CERTIFICATIONS

Has a sign permit application been submitted? All business are required to have a sign.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the address visible from the roadway? Are tenant addresses on the back doors of multi-tenant buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a copy of the Marathon County Health Department Certificate been attached? <i>If applicable.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a copy of the Wisconsin DNR and/or DATCP Certificate(s) been attached? <i>If applicable.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## REFUSE AND RECYCLING

The Village of Weston and State of Wisconsin require provisions for both refuse and recycling services for all commercial and multifamily facilities. Please contact your contracted hauler to ensure that adequate services are provided.

**Hauler Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_

### Secondary Hauler Information (if applicable):

**Hauler Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_

### Receptacle Information:

<input type="checkbox"/> Refuse:	Number of containers: _____	<input type="checkbox"/> 45 gal cart	<input type="checkbox"/> 95 gal cart	<input type="checkbox"/> dumpster:	Size: _____	Yards
<input type="checkbox"/> Cardboard:	Number of containers: _____	<input type="checkbox"/> 45 gal cart	<input type="checkbox"/> 95 gal cart	<input type="checkbox"/> dumpster:	Size: _____	Yards
<input type="checkbox"/> Co-Mingled:	Number of containers: _____	<input type="checkbox"/> 45 gal cart	<input type="checkbox"/> 95 gal cart	<input type="checkbox"/> dumpster:	Size: _____	Yards
<input type="checkbox"/> Single-Stream:	Number of containers: _____	<input type="checkbox"/> 45 gal cart	<input type="checkbox"/> 95 gal cart	<input type="checkbox"/> dumpster:	Size: _____	Yards
<input type="checkbox"/> Grease:	Number of containers: _____			<input type="checkbox"/> dumpster:	Size: _____	Yards

## ENCLOSURE REQUIREMENTS

All exterior (outside) storage of recyclable and non-recyclable containers, within multi-family dwellings and non-residential facilities and properties (all land uses other than "Single-Family Detached Residence", "Two-Family Residence", and "Agricultural Use"), shall be placed and maintained within a three-sided enclosure and enclosed on the fourth side with a gate to contain garbage, refuse, waste, recycling, and other debris. The enclosure shall further meet all of the following requirements: (1) Subject to accessory structure setback requirements included in Figures 5.01(2) and 5.02(2); (2) Must be at least 10 feet from any combustible walls, openings, or combustible roof eave lines, as per NFPA 1 (most recent addition); (3) Not placed in any minimum required front or street side yard; (4) Must be placed to the interior side or rear of the principal structure, unless such a location is not possible in the determination of the Zoning Administrator; (5) Must be a minimum of 30-feet long by 10-feet wide; (6) Must be 8-feet tall; (7) Placed on a permanent hard surface; (8) The recyclable and non-recyclable containers shall be fully screened and not visible from public rights-of-way and adjacent properties from the ground level; the screening shall consist of a solid fence constructed of masonry, commercial grade wood fencing, or other commercial grade material approved by the Zoning Administrator. Chain link fences and gates with slats are not permitted for this purpose; (9) The enclosure shall be constructed in such a manner so as to prevent paper, debris, and other refuse material from being blown through the fence; (10) The Village's Refuse and Recycling Site Application must be submitted and approved by the Village prior to installation (this application serves this purpose). The owner shall provide proof to the Zoning Administrator, from the owner's contracted solid waste/recycling hauler, that the design provides safe and reasonable access to the hauler to provide the contracted service.

Has an enclosure been shown in the site plan submitted with the Zoning Permit or Site Plan Application? ☐ Yes ☐ No  
If no to previous question, has the site plan been attached? ☐ Yes ☐ No  
Does the site plan include ALL the required components listed above? ☐ Yes ☐ No

The owner or designated agent may apply for a special exception from the Zoning Administrator regarding the minimum size, location, shape, and style of enclosure specified in subsection (a). The Zoning Administrator may grant a special exception if the applicant clearly shows that the ordinance requirement creates an unnecessary hardship and granting the special exception will not harm the public interest or undermine the purpose of this Chapter.

Is the applicant applying for a special exception? Explain below. ☐ Yes ☐ No

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### INSPECTION REQUIRED

To arrange an inspection, please call (715) 359-6114. Occupancy inspections are conducted by appointment only. **All business must be inspected prior to opening. Inspections performed after the fact shall be subject to a double fee and a \$50.00 fine.** A forty-eight (48) hour notice is required for inspection. Inspections will be made within 72 hours after the notification of the completion, erection, alteration or relocation of the building or of intent to commence a use. If the building and its intended use of the premise comply with the requirements of Chapter 94 and all State and Village codes, a Certificate of Occupancy shall be issued. In some cases a Temporary Certificate of Occupancy may be issued for a period of up to and not to exceed six (6) months during the completion of alterations or during partial occupancy of a building pending its permanent occupation. Such temporary permits shall not be issued under such restrictions and provisions as will adequately ensure the safety of the occupants. A temporary permit shall be voided if the building fails to conform to provisions of Chapter 94 to such a degree as to render it unsafe for the occupancy proposed. The Certificate of Occupancy will be mailed (and/or emailed) to the business at the mailing address (email address) provided and shall be placed in a conspicuous place on site. Any re-inspections that may occur beyond the second re-inspection shall incur a cost of \$50.00 thereafter.

Requested date for inspection: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Alternate date for inspection: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Date of Opening: \_\_\_\_\_

### STATEMENT OF UNDERSTANDING AND SIGNATURES

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Village Ordinances and state Laws regulating zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and I understand that any deviation from the approved plans must be authorized by the original approving authority and revised plans must be resubmitted to the Village. I also acknowledge that I am the property owner, or I am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for six (6) months shall be expired. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that as least 24 hour notice is required for all inspections. **Failing to include all the required information will deem the status of this application as incomplete. Incomplete applications will not be reviewed and shall be discarded within 30-days if the application status remains incomplete. Any fees collected will not be refunded.**

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Signature of Applicant

Date

☐ Property Owner    ☐ Business Owner    ☐ General Manager/Occupant

## INSPECTIONS

Requested Inspection Date: \_\_\_\_\_ Call Back Confirmation Date: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Inspected By: \_\_\_\_\_

EMPD Inspected: ☐ Yes ☐ No Inspected By: \_\_\_\_\_

S.A.F.E.R. Inspected: ☐ Yes ☐ No Inspected By: \_\_\_\_\_

Comments: \_\_\_\_\_

Inspection Approved: ☐ Yes ☐ No Date: \_\_\_\_\_

Re-inspection Required: ☐ Yes ☐ No Date: \_\_\_\_\_

Re-inspection Approved: ☐ Yes ☐ No Date: \_\_\_\_\_

Building Inspector Report Attached: ☐ Yes ☐ No

S.A.F.E.R. Inspection Report Attached: ☐ Yes ☐ No

## APPROVAL AND DEPARTMENT SIGNATURES

Temporary Approval Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupancy Certificate No. \_\_\_\_\_

Final Approval Date: \_\_\_\_\_

Occupancy Certificate No. \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Signature of S.A.F.E.R. Inspector \_\_\_\_\_ Date \_\_\_\_\_



# Commercial/Multi-Family Completion Surcharge

Village of Weston

Planning & Development Department

5500 Schofield Avenue, Weston, WI 54476

Phone: (715) 359-6114 | [PlanDevDept@westonwi.gov](mailto:PlanDevDept@westonwi.gov) | [www.westonwi.gov](http://www.westonwi.gov)

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**A \$5000 Commercial/Multi-Family Completion Surcharge is collected at the time of building permit issuance.** Per Section 94.16.10 of the Village Code of Ordinances, occupancy or use of land, water or buildings and structures shall be prohibited until a Certificate of Occupancy has been issued certifying that the final inspection shows no safety or health violations. New construction, including building additions, will be required to have all elements of site plan approval (Section 94.16.06) completed prior to the Certificate of Completion being issued and the Completion Surcharge moneys returned. This includes lighting and landscaping. In some cases, a Temporary Occupancy Certificate may be issued for a period not to exceed 6 months during the completion of alterations or during partial occupancy of a building pending its permanent occupation. Such temporary permit shall not be issued except under such restrictions and provisions as will adequately ensure the safety of the occupants. A temporary permit shall be voided if the building fails to conform to the provisions of Chapter 94 (Zoning) to such a degree as to render it unsafe for the occupancy proposed. **If the business is occupied before a temporary or final occupancy certificate is issued, the \$5,000 surcharge fee is forfeited. If the Certificate of Completion is not issued within 12 months of the Certificate of Occupancy issuance date the \$5,000 surcharge fee is forfeited.** If it is issued before the 12 months have expired, the surcharge fee is returned.

**THIS IS AN APPLICATION AND RECEIPT AND NOT A PERMIT TO OCCUPY THE BUILDING.**

To arrange an inspection, please call the Planning and Development Department at (715) 359-6114. Calls will be returned within 24 hours if the Building Inspector is not available. Occupancy inspections are conducted by appointment only. Twenty-four hours' notice is required for an inspection. Inspections will be made within two business days after the notification of the completion, erection, alteration or relocation of the building or of intent to commence a use. If the building and its intended use of the premises comply with the requirements of Chapter 94 (Zoning) and all State and local building and fire codes, an occupancy certificate and a completion certificate shall be issued and the \$5000 surcharge fee returned.

Business Name \_\_\_\_\_ Phone# \_\_\_\_\_

Business Address \_\_\_\_\_ Suite/Unit# \_\_\_\_\_

**Name and Address to return surcharge:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that pursuant to Section 94.16.10 of the Zoning Ordinance for the Village of Weston, Wisconsin, the building may not be occupied and/or business conducted until all requirements for the Certificate of Occupancy have been met and the Certificate has been issued by the Village Planning and Development Department. I further understand that occupying the building prior to Temporary or Final Occupancy Certificate issuance will result in automatic forfeiture of the \$5000 surcharge fee.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Tenant/Lessee

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**This section for office use only**

Date of Temporary Certificate of Occupancy \_\_\_\_\_ Certificate # \_\_\_\_\_

Date of Certificate of Occupancy \_\_\_\_\_ Certificate # \_\_\_\_\_

Date of Certificate of Completion \_\_\_\_\_ Certificate # \_\_\_\_\_

Surcharge Return Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Date of Return \_\_\_\_\_ Authorized by \_\_\_\_\_

Made payable to: \_\_\_\_\_

Address where sent: \_\_\_\_\_